



CITY OF MINNEAPOLIS
Payroll Direct Deposit Authorization Form

Name: Last, First, Middle Initial	Employee Number(6 digits)
Department	Work Telephone number

You can sign up on line at <http://insite/employee/index.html> or ask your payroll representative.

ACTION: Start _____ Change _____ Cancel _____

➔ **EXCEPTION: DO NOT USE FOR City County Federal Credit Union.**

Indicate the financial institutions to directly deposit your net pay below.

***ATTACH A VOID CHECK OR A BANK ROUTING FORM FOR EACH ACCOUNT.**

Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____ _
Account number	_____
All of net pay _____	or
Amount \$ _____	

Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____ _
Account number	_____
All of net pay _____	or
Amount \$ _____	

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All of net pay _____	or
Amount \$ _____	

Type of Account	Checking _____ Saving _____
Name of Bank	_____
9 digit bank routing number	____ _
Account number	_____
All of net pay _____	or
Amount \$ _____	and receive a check in the mail.

I authorize the City of Minneapolis and the financial institution(s) named above to automatically deposit my net pay into my account(s) as directed by my selection above. This includes my authorization to reverse any entries made in error. This authority will remain in effect until I give written notice to cancel it.

Signature

Date